

TSO PROJECT EVALUATION SUMMARY SHEET

Lead Agency Name: _____
Lead Agency Number: _____

OFP Consultant: _____
Evaluation Liaison: _____
Revised: ☐ Y ☐ N Date _____

Part 1: Statewide Evaluation

A. NEW TEEN CLIENT SURVEY, **Requirement:** 50% of new teen clients, not to exceed 300

New teen clients to be surveyed		Timeline	
Approximate # new teen clients to be seen in clinic	# to be surveyed	Date to begin surveys (month/year)	Date to complete surveys (month/year)

B. TEEN OUTREACH SURVEY, **Requirement:** Minimum of 100 surveys to be completed.

Outreach Activity(ies)		Teens to be surveyed through outreach		Timeline	
SOW page #	Name(s)	# in intervention	# to be surveyed	Date to begin surveys (month/year)	Date to complete surveys (month/year)

(List additional activities in back of this page)

C. COORDINATOR INTERVIEW, **Requirement:** Participate in 2 interviews with evaluators.

Date of First Interview	Date of Second Interview
Fall 2004	Spring 2005

Part 2: Continuous Program Improvement (CPI) Evaluation

Requirement: One (1) CPI Tool

CPI Tools	SOW page #	Intervention Name	CPI Due Dates		
<input type="checkbox"/> Implementation (Name _____)			Initial submission of completed tool	Review/ feedback from Liaison	Final debrief w/ Liaison & Consult.
<input type="checkbox"/> Participant/Client Satisfaction (<i>date approved:</i> _____)			No later than 03/31/05. Expected submission date: _____	Up to two weeks after initial submission and no later than 04/15/05.	Up to two months after initial submission and no later than 05/31/05.
<input type="checkbox"/> Staff Training and Support					

I have reviewed the above and agree with the expectations for my project.

Signature of Project Coordinator/Director

Date

Project Contact for Evaluation

Email

Phone